## CANNABIS COMPLIANCE BOARD STATE OF NEVADA



ccb.nv.gov 1550 College Parkway, Suite 142 Carson City, Nevada 89706 Phone: (775) 687-6299

HON. MICHAEL DOUGLAS

Chair

STEVE SISOLAK
Governor

Grant Sawyer Office Building, Suite 4200 555 E. Washington Avenue Las Vegas, Nevada 89101

TYLER KLIMAS Executive Director

## WAIVER APPLICATION FOR CANNABIS AGENT REGISTRATION CARD REQUIREMENT FOR OWNERSHIP INTEREST OF LESS THAN 5%

(Pursuant to NRS 678A.450 and NCCR 5.125)

**INSTRUCTIONS:** This form MUST BE TYPEWRITTEN OR PRINTED LEGIBLY and submitted to the NEVADA CANNABIS COMPLIANCE BOARD (CCB). The proposed waiver WILL NOT BE EFFECTIVE until approved by the CCB. LICENSEE must complete SECTIONS I, II AND III. Attach copies of all documents involved in the proposed ownership of less than 5 percent WAIVER, i.e., notes, agreements, corporate minutes, etc. (If additional space is necessary, attach a separate schedule.)

SECTION I				
	Partnership			
	Corporation			
	Limited Liability Company			
	Limited Partnership Other			
	Public Entity			
۱.	Name of entity			
2.	Name of the licensed location			
_				
	AddressContact Phone #			
1.	Length of time WAIVER is requested:			
	SECTION II			
l.	Explanation as to why the Board approval should be waived for cannabis agent registration card requirements for ownership interest of less than 5 percent:			

SECTION III		
List below all owners (name/Address) of less than 5 percent of that the WAIVER will apply to:	he licensed car	nnabis establishme
SCHEDULE OF OWNERSHIP rior to Transfer:		
Name/Address	% Held	No. of Shares/U
	_	_
	_	

If there are more than 15 owners of less than 5 percent, please provide the list in searchable Excel format.

<u>I,</u> (Na	me), being first duly sworn, deposes and states as follows:
	and position) for the(name of zed to act for and bind said cannabis establishment.
certify and affirm that all persons listed in Se 5% do not exert control or hold a position of	OWNERSHIP and know the contents thereof. I hereby ction III above who hold an ownership interest of less than of authority over the cannabis establishment and any of the nabis establishment. I verify of my own personal knowledge pplication are true and correct.
	effective until approved by the CCB and, once approved, will I further understand that the CCB may deny or rescind any
(Signature)	Date
STATE OF	_
COUNTY OF	SS.
SUBSCRIBED AND SWON to before me this day	7
of	
Notary Public	-